



Mental Health Services Act Stakeholder Meeting

Collaborating with Underserved Communities: Addressing Prevention and Early Intervention Needs Through Community Participation

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Our Team

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Words of Wisdom

"The most basic of all human needs is the need to understand and be understood. The best way to understand people is to listen to them."

—RALPH NICHOLS

MHSA and Disparities

- Reduction of disparities in mental health and access to mental health care was a central goal of MHSA.
- How do we do it?
 - What are the problems that underserved communities experience and report?
 - How can mental health services better address the needs of underserved communities?

Where are the disparities?

- 1) groups historically underserved by mental health services.
- 2) groups facing geographic or linguistic barriers to care.
- 3) mental health priority populations.
- 4) groups with high uninsurance, underinsurance and/or poverty rates.

*“Go in search of people. Begin with
what they know. Build on
what they have”*

Chinese proverb

Learning How to Reduce Disparities

- We need direct input from underserved communities.
- Not an easy task. Underserved communities may be:
 - Unaware of potential benefits.
 - Not ready to participate in policy process.
 - Suspicious and distrustful of mental health services.

Project Goals

1. **Conduct outreach** to communities that have been underserved by public mental health services and not included in previous community stakeholder processes.
2. **Develop a community engagement process** to ensure direct input from underserved communities based on:
 - a. Respect and mutual trust;
 - b. Investment in community relationships;
 - c. Collaborative action aimed at soliciting input regarding communities' needs and perspectives.

Project Goals

3. **Solicit and gather input** regarding Prevention and Early Intervention programs, priorities, and strategies.

Principles of Community Engagement

Community engagement processes are about personal and local relationships that should be:

- Participatory
- Cooperative
- Conducive to learning from each other
- Encourage community development and capacity building
- Empowering

IDENTIFY also ASSETS, STRENGTHS, RESOURCES
within COMMUNITIES

Outreach Methods

1. Identify specific underserved communities;
2. Interview key informants to focus on specific needs within communities;
3. Work with “cultural brokers” or community health representatives to develop outreach strategies;
4. Conduct focus groups with community members about mental health needs, community assets, etc.;
5. Provide feedback to communities about the impact of the information collected on policy and services.

Preliminary Findings: Key THEMES from Interviews and Focus Groups

- Lack of housing
- Exposure to trauma
- Poverty
- Social isolation
- Linguistic barriers
- Discrimination
- Lack of access
- Shame
- Mistrust of the 'system'

Exposure to Trauma

“I believe that the most important thing in this country is the living situation and daily life conditions. Things such as rent and bills create a massive and major depression. They cause many anxiety and depressive feelings.”

Community Leader

Poverty

“If you make a little bit above, I don't care how you get the money, you are so poor, that if you make a little above welfare you don't get no assistance. None. You are shut down. You can't get the help you need.”

Urban Adult

Social Isolation

“Just like they say, no kids are left behind but yet here we are-left behind.”

Urban young adult

Discrimination

“All of a sudden they judge or treat a child different because of their family [if parents have tattoos]. I feel that teachers that get placed in an environment like this-lower economic- they should teach them to help them and learn how to deal with people like us and not be so judgmental. To know that there is a lot of us that are striving to be better than were we are at. It is just that this is the card that we are dealt.”

Urban young adult

Lack of Access

“It is a luxury. I myself have that belief that only someone with lots of resources, money or someone with lots of need goes to a psychologist.”

Agricultural Worker

Shame

“As parents we blind ourselves to the fact that the child needs help and when we think of mental health services we say ‘my child is not crazy.’ We don’t want our children to be crazy but we can look for help. In our culture we are afraid, shame that they say our child is crazy, or prejudice.”

Rural Adult

Preliminary Findings

Community Assets:

- Social networks and supports (varies across groups)
- Community based-grassroots organizations providing much needed services
- Outreach workers
- After-school activities (when available)

Community Assets

“One recommendation is that the community be involved. That there be community representation. Each community has people that want to help. There are promotoras, parents that like to meddle. Each community has a parent leader and that same people can bring the community. They will feel more comfortable as opposed to having an external person come that may not have direct contact with the problem.”

Rural Adult

Preliminary Findings

Mental Health Problems that should be addressed in PEI process:

- family violence;
- substance abuse;
- emotional disorders in children;
- parenting, parent-child interactions;
- discrimination against persons with MH issues;
- social isolation, especially of elders.

Family Violence

“The established agency should go into the community. The community goes [to seek care] once the need is extreme. When domestic violence involves hitting. Like in [name of agency] they don’t treat you unless you show evidence of a hit. The agencies should go into the community and be known by the community.”

Agricultural Worker

Social Isolation

“The problem is that we are far from everything and for the older people that don’t have a car and don’t have who to drive them, they are truly isolated. If they don’t have someone to drive them what they do is stay home. And if you are depressed, you are isolated and you don’t even want to answer the phone. So you are isolated even more and then you have illnesses. They need something to keep them active and helps them feel motivated .”

Older Adult Community Member

Processes of Community Engagement

- Mental health intervention projects emerging from these community collaborations
- Requires TIME and OPEN COMMUNICATION
- Feedback to Communities
- Address ways to feed back information to Counties

Recommendations from Participants

“That the workshops to be held not be massive. That the groups be small. When there are less people you feel more comfortable. When there is more, people don’t speak. Many people have difficulty opening up and even more so when there is a lot of people or if you have to use a microphone. On the other hand when it is a small group you have more confidence in saying things.”

Rural Adult

Recommendations from Participants

“That there be follow-up after the meetings. That it not be ‘we will get together for this meeting’ and that is it. Why not meet again to see how my thinking has changed, what we did. There needs to be follow-up in order to solve things.”

Rural Adult

Suggestions Emerging for MHSA PEI Planning Process

- Engage underserved communities in places that matter to them (e.g., ESL classes, housing assistance, social service agencies);
- Consider the role of paraprofessionals;
- Integrate mental health outreach and treatment with other health and social services.

Strengthening Our Community Input Process

- Limited time or capacity to address all the communities in the state that have specific needs.
 - How can we make community engagement an integral part of ongoing policy processes?
- Outreach takes time and long-term investment in communication and building trust.
 - How do we maintain relationships of trust with underserved communities over time?